

# School-Related Student Trip Request Form

**Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)**

Date of Request: 9/5/2023      Date of Event: 10/24, 10/25 or 10/26

Organization: Second Grade School: South Todd Elementary

Number of Passengers - approx. 110

Type of Trip (Check One)

In-County Instructional

In-County Athletic

Other: (Explain In Detail)

Out-of-County Instructional

Out-of-County Athletic

Out-of-State Instructional

Out-Of-State Athletic

Destination (Event, City, and State): Christian Way Farm Fall Tour, Hopkinsville, KY

Planned Stops To and From: None

Departing Location: South Todd Elementary      Date of Departure: 10/24, 10/25 or 10/26      Time of Departure: 9:00 AM

Returning Location: South Todd Elementary      Date of Return: 10/24, 10/25 or 10/26      Time of Return: 1:00 PM

Chaperone/s:      Chaperone's Phone #:

Special Requests (Check One)

Van

Handicap Access

Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive?  Yes       No (Check One)

Person Driving Van: N/A

Trip Requested By: 2nd Grade Teachers

Organization Responsible for Payment:

Approval of Site Based Council Representative

*Jennifer Boyd*

Date: 9/11/23

## DISTRICT USE ONLY

### Section 2

Approval of District Representative

Date:

## DRIVER – TURN THIS FORM IN WITH TIMESHEETS

### Section 3

Date/Time of Departure:

Odometer Start:

Date/Time of Return:

Odometer End:

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature

Date:

Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date: